

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214525002			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME:  <b>CORE KNOWLEDGE FOUNDATION</b>  2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>MARK J NELSON</b>  <b>530 EAST MAIN ST</b>  <b>PO BOX 2057</b>   <b>CHARLOTTESVILLE, VA</b>   3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>CHARLOTTESVILLE CITY</b>   4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b> </div> <div style="width: 35%;"> DUE DATE: <b>5/31/2014</b>   SCC ID NO: <b>02874337</b>   5.) STOCK INFORMATION  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;"> ADDRESS: 801 E HIGH ST   CITY/ST/ZIP: CHARLOTTESVILLE, VA 22902 </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LINDA BEVILACQUA  TITLE: PRESIDENT  ADDRESS: 801 E HIGH STREET  CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LINDA BEVILACQUA TITLE: PRESIDENT ADDRESS: 801 E HIGH STREET CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUTH WATTENBURG DIRECTOR 4129 HARRISON STREET, NW WASHINGTON, DC 20015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN BALLE CHAIRMAN 295 BEACON STREET APT. 31 BOSTON, MA 02116	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK BAUERLEIN DIRECTOR EMORY UNIVERSITY N302 CALLAWAY CENTER 537 KILGO CIRCLE ATLANTA, GA 30322	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHESTER FINN DIRECTOR 1016 16th STREET, NW WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TED HIRSCH DIRECTOR 41 WESTERN AVENUE HULL, MA 02045	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRAD MILLER DIRECTOR 132 PRESIDIO AVENUE SAN FRANCISCO, CA 94115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LINDA BEVILACQUA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LINDA BEVILACQUA, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/13/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			